

God Bless you!

Aug 3, 2023

Dear Baz -

This is a thank you note for your care and conversations during my recovery at Jupiter Medical... a touch of God's Love for me. It has been a long process for me to get a new hip — Since Dec 1, 2022 — and it is those caring people from God's touch who have given me His peace.
Barbara

Happy Belated Birthday Baz!
I hope you had a great
and wonderful day, and
thank for all you do for
our patients

Tony

Wishing you a Happy and healthy Birthday!

In celebration of your special day, a complimentary meal at the JMC Cafe has been automatically loaded to your ID badge. Tap your badge at the register in the cafeteria to redeem.



U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

Norfolk Local Office
200 Granby Street, Suite 739
Norfolk, VA 23510
(757) 600-4720
Website: www.eeoc.gov

DISMISSAL AND NOTICE OF RIGHTS

(This Notice replaces EEOC FORMS 161, 161-A & 161-B)

Issued On: 01/29/2025

To: Mr. Bazelais Piard Jr.

5600 N. Flagler Dr. #1703, WEST PALM BEACH, FL 33407

Charge No: 510-2024-03880

EEOC Representative and email: KRISTEN DISCEPOLA
Investigator
kristen.discepola@eeoc.gov

DISMISSAL OF CHARGE

The EEOC has granted your request for a Notice of Right to Sue, and more than 180 days have passed since the filing of this charge.

The EEOC is terminating its processing of this charge.

NOTICE OF YOUR RIGHT TO SUE

This is official notice from the EEOC of the dismissal of your charge and of your right to sue. If you choose to file a lawsuit against the respondent(s) on this charge under federal law in federal or state court, **your lawsuit must be filed WITHIN 90 DAYS of your receipt of this notice.** Receipt generally occurs on the date that you (or your representative) view this document. You should keep a record of the date you received this notice. Your right to sue based on this charge will be lost if you do not file a lawsuit in court within 90 days. (The time limit for filing a lawsuit based on a claim under state law may be different.)

If you file a lawsuit based on this charge, please sign in to the EEOC Public Portal and upload the court complaint to charge 510-2024-03880.

On behalf of the Commission,

Digitally Signed By: Norberto Rosa-Ramos
01/29/2025

Norberto Rosa-Ramos
Local Office Director

EEOC Form 5 (11/09)

CHARGE OF DISCRIMINATION

This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.

Charge Presented To:

Agency(ies) Charge
No(s):☒ FEPA
☒ EEOC**Florida Commission On Human Relations**and
EEOC

State or local Agency, if any

Name (Indicate Mr., Ms., Mrs.)

Mr. Bazelais Piard

Home Phone (Incl. Area Code)

(561) 255-2363

Date of Birth

04/16/1974

Street Address

City, State and ZIP Code

5600 N Flagler Dr APT 1703 West Palm Beach, FL 33407

Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)

Name

Jupiter Medical Center

No. Employees,
Members

15+

Phone No. (Include Area Code)

561-263-2234.

Street Address

City, State and ZIP Code

1210 S Old Dixie Hwy Bunnell, FL 32110

Name

No. Employees,
Members

Phone No. (Include Area Code)

Street Address

City, State and ZIP Code

DISCRIMINATION BASED ON (Check appropriate box(es).)

☒ RACE ☐ COLOR ☐ SEX ☐ RELIGION ☒ NATIONAL ORIGIN
☒ RETALIATION ☐ AGE ☐ DISABILITY ☐ GENETIC INFORMATION
☐ OTHER (Specify)

DATE(S) DISCRIMINATION TOOK PLACE

Earliest

Latest

02/20/2023

02/08/2024

☒ CONTINUING ACTION

THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):

This is an Amendment to EEOC Charge No. 510-2024-03880**Statement of Harm:** Jupiter Medical Center ("JMC") discriminated and retaliated against me on the basis of my race (Black) and national origin (Haitian).

Throughout my tenure, JMC subjected me to discrimination based on my race and national origin. For instance, while my non-Black, non-Haitian coworkers were allowed to give their reports verbally, Lissette (CNA, Hispanic) often insisted that I provide written reports. On another occasion, Vangella Davis (CNA, Jamaican) made a comment that "Haitians all stink." I escalated my concerns about this incident to Tony Kanhai (Director of Orthopedics Department, Asian/Indian/Canadian), but JMC failed to take any remedial action.

Additionally, I confided in Mr. Kanhai that I had been homeless for several weeks while going through a divorce. Unfortunately, Mr. Kanhai shared this personal information with other employees, and they began making derogatory comments about my period of homelessness.

Continued on page 2

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

I declare under penalty of perjury that the above is true and correct.

10/22/2024



Bazelais Piard (Oct 22, 2024 14:21 EDT)

Date

Charging Party Signature

NOTARY – When necessary for State and Local Agency Requirements

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.
SIGNATURE OF COMPLAINANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE
(month, day, year)

CHARGE OF DISCRIMINATION

This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.

Charge Presented To: Agency(ies) Charge No(s):

☒ FEPA☒ EEOC**Florida Commission On Human Relations**

and EEOC

State or local Agency, if any

THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):

Continued from page 1

On another occasion, Emily Kinkade (Charge Nurse, Caucasian) texted me directly, asking if I had taken belongings from a patient's room, perpetuating harmful stereotypes that Black people and Haitian immigrants are thieves and untrustworthy. Once again, I escalated my concerns about this discriminatory treatment to Mr. Kanhai, but JMC did not take any action. I later brought my concerns about Ms. Kinkade's accusations and Mr. Kanhai's inaction to Human Resources, but I received no response. In retaliation, Mr. Kanhai began holding staff meetings after I left the building, deliberately excluding me.

Due to the ongoing discrimination, I requested a transfer to a different department. After requesting to transfer to the observation department, JMC notified me that they supposedly did not have copies of my citizenship documents on file and demanded that I produce them immediately. Since I had lost my Social Security card and citizenship documents during my period of homelessness, I promptly requested replacements. On January 24, 2024, I obtained a letter from the attorney assisting me with the replacements, as well as a summary from the Social Security office to provide to JMC. However, when I attempted to give these documents to Deidra Watts (Human Resources, Caucasian) on January 26, 2024, she refused to accept them, which resulted in JMC not completing my transfer request due to discriminatory animus.

On February 8, 2024, JMC terminated me without providing a reason for the termination. JMC's failure to provide a legitimate reason for my termination at the time will be burden shifting. After my termination, JMC claimed it was because I couldn't produce my Social Security card and citizenship documents, but this reasoning is clearly pretextual. JMC was aware that I had lost my Social Security card, and it didn't affect my employment until after I escalated my concerns and requested a department transfer. This demonstrates that I was terminated out of discriminatory and retaliatory animus.

Statement of Discrimination: I believe I have been discriminated against because of my race (Black) and national origin (Haitian) in violation of Title VII of the Civil Rights Act of 1964 and the Florida Civil Rights Act of 1992.

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

I declare under penalty of perjury that the above is true and correct.

10/22/2024

Date



Barclais Plard (Oct 22, 2024 14:21 EDT)

Charging Party Signature

NOTARY – When necessary for State and Local Agency Requirements

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

SIGNATURE OF COMPLAINANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE
(month, day, year)



June 24, 2024

To whom it may concern,
Re: Bazelaïs Piard

The above client was assisted with rental assistance for the month of April. The client understood that this is a onetime only service.

Thank you

Betzy Rega
Community Care Coordinator







U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

Miami District Office
100 SE 2nd St, Suite 1500
Miami, FL 33131
(800) 669-4000
Website: www.eeoc.gov

Mr. Bazelais Piard Jr.
Megan Wells

Re: Mr. Bazelais Piard Jr. v. JUPITER MEDICAL CENTER, INC
EEOC Charge Number: 510-2024-03880

NOTICE OF TRANSFER OF Charge of Discrimination

This is to notify you that the above-referenced Charge of Discrimination has been transferred to the Norfolk Local Office for Workload Redistribution. Please make all future contact regarding this charge to:

Norfolk Local Office
200 Granby Street Suite 739
Norfolk, VA 23510
Phone: (757) 600-4720
Email: Norfolk@eeoc.gov

On Behalf of the Commission:

Digitally Signed By: Evangeline Hawthorne
12/02/2024

Evangeline Hawthorne
Director

SUMMARY FICA EARNINGS FOR YEARS REQUESTED

YEAR	EARNINGS	YEAR	EARNINGS	YEAR	EARNINGS	YEAR	EARNINGS
1994	1401.40	2002	21711.44	2010	13537.00	2017	.00
1995	2659.40	2003	21067.89	2011	32081.18	2018	15406.97
1996	2271.27	2004	16998.49	2012	35014.84	2019	.00
1997	7184.29	2005	6698.00	2013	32141.45	2020	35434.46
1998	2128.07	2006	.00	2014	18005.78	2021	59416.15
1999	17445.24	2007	4249.00	2015	.00	2022	48152.95
2000	18279.53	2008	8873.00	2016	.00	2023	42136.49
2001	27312.43	2009	12460.00				

SUMMARY MQGE EARNINGS FOR YEARS REQUESTED

NO MQGE EARNINGS FOR YEARS REQUESTED

REMARKS

CLAIMS ACTIVITY -- SEE SSR

NON-COVERED EARNINGS PRESENT FOR: 2000,2002,2018,2020-2022

Heal

W.P.B., FL 661
JAN 26 2024
SSA OFFICE

St. Ann Place Outreach Center

Serving All People

January 24, 2024

Jupiter Medical Center
1210 South Old Dixie Hwy.
Jupiter, Florida 33458

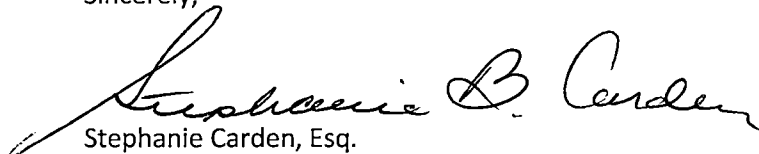
RE: Bazelais Piard

Dear Ms. Ferri,

St Ann Place is a homeless outreach center. We are currently assisting Mr. Bazelais Piard in obtaining a replacement Social Security and replacement Citizenship Document. Mr. Piard has lost his documentation and needs replacements. The process to obtain the replacement Citizenship Document can take an extensive amount of time in excess of several months.

Please allow time for Mr. Piard to obtain this documentation. In the meantime, if you have questions please call me at the center at 561-805-7708.

Sincerely,



Stephanie Carden, Esq.

Volunteer Advocate
St. Ann Place Outreach Center
2107 N. Dixie Hwy.
West Palm Beach, Florida 33407

HealthEquity WageWorks

P.O. Box 223684
Dallas, TX 75222-3684Date: 2/8/2024
Form: CLC02-CXTEN
Doc ID: 57886638
Account #: 0917769007To Bazelais Piard and Covered Dependents
205 Seabreeze Cir
Jupiter, FL 33477-6423

Doc: 57886638 Sequence: 84 Form: 2 Server: 9

IMPORTANT NOTICE REGARDING YOUR COBRA CONTINUATION COVERAGE

The following notice contains important information about your right to continue coverage through the group health plan benefits sponsored by **Jupiter Medical Center** (the "Plan(s)") as well as other health coverage options that may be available to you, including coverage through the Health Insurance Marketplace ("Marketplace"). Your COBRA Election Form lists these specific benefits. Please see your Summary Plan Description ("SPD") for specific details about the Plan(s). Please make sure you read the information contained in this notice **very** carefully as it describes your rights and obligations under the COBRA regulations and keep this entire notice in a safe place to refer to as needed. More information regarding the Marketplace is provided at the end of this notice.

Enclosed in this packet you will find the following:

COBRA Election Notice and Other Health Coverage Alternatives - this outlines your COBRA rights, including deadlines, duration of coverage(s), and your payment responsibilities.

- If you elect COBRA coverage, please note your coverage effective date will be as shown in this notice. This is generally the first day after your loss of coverage and cannot be changed.
- It is **your** responsibility to make timely payments even if you do not receive an invoice or coupons.
- If you have been deemed disabled by the Social Security Administration, please refer to the "**Can I Extend the Length of COBRA Coverage?**" section of this notice.
- If you become enrolled in other group health plan coverage or entitled to Medicare (under Part A, Part B, or both), please refer to the "**If I Elect COBRA Coverage, When Will My Coverage Begin and How Long Will the Coverage Last?**" section of this notice.

COBRA Election Form Instructions - this is a summary of the important effective and deadline dates.

COBRA Election Form - this is the required form which must be returned to our office on or before **5/2/2024** if you wish to elect COBRA coverage. Make sure you fill out the form completely and include your signature.

If you have any questions or require further clarification about this notice or your rights to COBRA coverage, submit a request using our Support link at mybenefits.wageworks.com or contact our Member Service Specialists at 855-556-5737. For questions regarding the Marketplace, please go to www.HealthCare.gov or call 1-800-318-2596. If you would like information regarding affordable alternatives to COBRA, please contact our affiliate company, HealthCompare at 855-837-6593 or online at stayingcovered.com.

Note: Notices are sent to the last known address on file with your employer or plan sponsor. If the address(es) on this front page are not correct for each and every named qualified beneficiary, you must immediately notify WageWorks, Inc. and provide correct addresses so that we can provide them with this notification and election form. Otherwise, they may not receive notice of their rights and obligations under applicable law and lose their opportunity to elect continuation coverage.

If you have questions regarding the Plan(s) or to request a copy of your SPD, please contact Jupiter Medical Center.

0290747008401



COBRA ELECTION NOTICE AND OTHER HEALTH COVERAGE ALTERNATIVES

Date of Notice: 2/8/2024

Member Name: Bazelais Piard - (Account #: 17769007)
Employer: Jupiter Medical Center
Qualifying Event: Termination

To Bazelais Piard and Eligible Covered Dependents of Bazelais Piard (if applicable) - 17769007:

You are receiving this notice because your coverage under the Plan(s) will end/has ended as of **2/29/2024** due to the qualifying event designated above. Jupiter Medical Center has retained WageWorks, Inc. to notify you in summary fashion of your rights and obligations regarding a temporary continuation of group health coverage according to a federal law called the Consolidated Omnibus Budget Reconciliation Act of 1985, as amended (COBRA). WageWorks, Inc. is the COBRA benefits service provider under the Plan(s).

What is COBRA Coverage?

COBRA permits qualified beneficiaries to elect to continue group health coverage under the Plan(s) listed in this notice for a limited period if coverage is lost as a result of certain events ("qualifying events," described below). A qualified beneficiary is any of the following who is covered under the Plan(s) the day before the qualifying event: (1) the employee (including a retired employee), (2) the employee's spouse (including the spouse of a retired employee), and/or (3) a dependent child (as defined by the Plan(s)) (including the dependent child of a retired employee). Also, a child who is born to, adopted by, or placed for adoption with a covered employee during a COBRA coverage period is considered a qualified beneficiary if enrolled in accordance with the terms of the Plan(s). A child of the covered employee receiving benefits pursuant to a qualified medical child support order (QMCSO), if enrolled in accordance with the terms of the Plan(s), is entitled to the same rights to elect COBRA coverage as any other covered dependent child. If any qualified beneficiary timely elects and pays for COBRA coverage for any of the Plan(s) listed in this notice, such coverage will be reinstated retroactively to the date it would have otherwise terminated.

COBRA coverage is generally the same coverage provided under the Plan(s) to similarly situated active individuals who are not on COBRA. Each qualified beneficiary who elects COBRA coverage will have the same rights under the Plan(s) as other similarly situated non-COBRA participants covered under the Plan(s) components elected by the qualified beneficiary, including special enrollment and annual enrollment rights (other than for Health Flexible Spending Account [Health FSA] coverage, for which there are special rules described below). COBRA (and the description of COBRA coverage contained in this notice) generally applies only to the group health plan benefits offered under the Plan(s) and not to any other benefits offered under the Plan(s) or by Jupiter Medical Center (e.g., life insurance).

What is a Qualifying Event?

For covered employees, you may elect COBRA coverage if you lose coverage under the Plan(s) because of either one of the following qualifying events: (1) your hours of employment are reduced; or (2) your employment ends for any reason (other than gross misconduct on your part).

For the covered spouse of a covered employee (including the spouse of a retired employee), you may elect COBRA coverage if you lose coverage under the Plan(s) because of any of the following qualifying events: (1) the covered employee dies; (2) the covered employee's hours of employment are reduced; (3) the covered employee's employment ends (for reasons other than gross misconduct); (4) the covered employee becomes entitled to Medicare under Part A, Part B, or both (typically, this will not be a qualifying event for spouses of active employees due to the Medicare Secondary Payer rules); or (5) you and the covered employee divorce or legally separate. Also, if the covered spouse's coverage is reduced or dropped by the covered employee in anticipation of a divorce or legal separation, and a divorce or legal separation later occurs, then the divorce or legal separation may be considered a qualifying event for the spouse even though the coverage was canceled or reduced before the divorce or legal separation. If the ex-spouse notifies the Plan Administrator within 60 days after the divorce or legal separation and the Plan Administrator determines, at its sole discretion based on the applicable facts and circumstances, that the coverage was dropped in anticipation of the divorce or legal separation, then COBRA coverage may be available beginning with the date of the divorce or legal separation (if properly elected).

For a covered dependent child of the covered employee (including the dependent child of a retired employee), you may elect COBRA coverage if you lose coverage under the Plan(s) because of any of the following qualifying events: (1) the covered employee dies; (2) the covered employee's hours of employment are reduced; (3) the covered employee's employment ends (for reasons other than gross misconduct); (4) the covered employee becomes entitled to Medicare

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under Part A, Part B, or both (typically, this will not be a qualifying event for dependent children of active employees due to the Medicare Secondary Payer rules); (5) the covered employee and his/her spouse divorce or legally separate; or (6) you cease to be eligible for coverage under the Plan(s) as a "dependent child."

Covered retired employees, covered spouses of retired employees, surviving spouses of retired employees, and covered dependent children of retired employees also have a right to elect COBRA coverage if retiree coverage is lost within one year before or after the commencement of proceedings under Title 11 (bankruptcy), United States Code.

How Can I Elect COBRA Coverage?

To elect COBRA coverage, you must complete the enclosed COBRA Election Form and submit it to WageWorks, Inc. as stated on the COBRA Election Form no later than the end of your election period, which is **5/2/2024**. Under federal law, you have 60 days after the later of the date of this notice or the date coverage is lost under the Plan(s) to elect COBRA coverage. Any qualified beneficiary for whom COBRA is not elected within this election period will lose all rights to continue coverage under COBRA. See the COBRA Election Form Instructions in this packet for the Plan(s)'s procedures for revoking a waiver of COBRA coverage. If an election form is mailed, the postmark date will be used to determine if the election was made within the election period. If transmitted electronically (e.g., online), your election must be received by WageWorks, Inc. no later than the last day of the applicable election period.

You may also use the form to elect coverage for any other qualified beneficiaries identified in this notice. Each qualified beneficiary will have an independent right to elect COBRA. Covered employees and covered spouses (if the spouse is a qualified beneficiary) may elect COBRA on behalf of all the other qualified beneficiaries, and parents or legal guardians (whether qualified beneficiaries or not) may elect COBRA on behalf of their covered minor children who are qualified beneficiaries. If the election doesn't specify whether the coverage is for self-only or not, it will be assumed that the election is for all qualified beneficiaries identified in this notice. However, a qualified beneficiary employee or spouse may not decline coverage on behalf of his or her spouse or non-minor children (if the spouse or non-minor child is a qualified beneficiary). Your SPD will have more information on your election rights and obligations. If you need additional COBRA Election Forms, you should contact WageWorks, Inc.

Qualified beneficiaries who are entitled to elect COBRA coverage may do so even if they have other group health plan coverage or are entitled to Medicare benefits (under Part A, Part B, or both) on or before the date on which COBRA coverage is elected.

In considering whether to elect COBRA coverage, you should take into account that a failure to continue your group health coverage will affect your future rights under federal law. You have the right to request special enrollment in another group health plan for which you are otherwise eligible (such as a plan sponsored by your spouse's employer) within 30 days after your group health coverage ends because of the qualifying event listed above. You will also have the same special enrollment right at the end of COBRA coverage if you maintain COBRA coverage for the maximum time available to you. In addition, see the section of this notice titled "Are There Other Options Besides COBRA Coverage?" for a discussion of special enrollment in the Marketplace.

If I Elect COBRA Coverage, When Will My Coverage Begin and How Long Will the Coverage Last?

Generally, COBRA coverage is measured from the date of the qualifying event and not the loss of coverage date, even if coverage is not immediately lost as a result of the qualifying event unless stated otherwise in the applicable SPD.

In the case of a loss of coverage due to the end of employment or the reduction in hours of employment, coverage may generally be continued for up to 18 months.

When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare (under Part A, Part B, or both) less than 18 months before the qualifying event, COBRA coverage for qualified beneficiaries (other than the employee) who lose coverage as a result of the qualifying event can extend up to 36 months **from the date of the employee's Medicare entitlement**. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which her employment terminates, COBRA coverage for her spouse and children who lost coverage as a result of her termination of employment can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months).

In the case of a loss of coverage due to an employee's death, divorce or legal separation, an employee's becoming entitled to Medicare (under Part A, Part B, or both), or a dependent child ceasing to be a dependent under the terms of the Plan(s), coverage may be continued for up to 36 months provided that timely notice of the qualifying event was provided within 60 days of the later of the date of the event or the date coverage is lost as a result of the qualifying event (unless otherwise specified in the group health plan SPD).

Date of Notice: 2/8/2024

Member Name: Bazelais Piard - (Account #: 17769007)
Employer: Jupiter Medical Center
Qualifying Event: Termination
Election Deadline: 5/2/2024

††Date of Coverage Loss: 2/29/2024

††COBRA Coverage Start Date (if elected): 3/1/2024

†††Maximum COBRA Eligibility End Date (if elected): 8/31/2025

If you choose to elect COBRA coverage, please complete the attached COBRA Election Form and mail it to WageWorks, Inc. at PO Box 223684 Dallas, TX 75222-3684. You may also fax the completed COBRA Election Form to fax to 1-866-450-5634.

IF YOU WANT TO ELECT ONLINE: You can complete your enrollment online at mybenefits.wageworks.com. The information you provide in connection with your online enrollment is kept confidential in accordance with the WageWorks, Inc. privacy policy, which you can find at mybenefits.wageworks.com. (Note: This option is available to covered employees only; dependent access is unavailable.)

Notes:

Electing COBRA Coverage

- Oral elections will not be accepted. Elections must be made in accordance with these COBRA Election Form Instructions.
- Your election must be made on or before **5/2/2024**. If you mail your election to WageWorks, Inc., it must be postmarked on or before **5/2/2024**. If WageWorks, Inc. does not receive the COBRA Election Form and/or premium payment(s), you will be responsible for proving that you mailed these by the applicable deadline(s) described in this notice. You may follow up with WageWorks, Inc. several days after you have mailed to the form to ensure WageWorks, Inc. received it. If you electronically submit your COBRA election, you must successfully submit it in accordance with the online instructions on or before 11:59 PM (Central) on **5/2/2024**.
- If you do not elect COBRA coverage by **5/2/2024**, you will lose your right to elect COBRA coverage.
- If you reject your right to COBRA coverage before the Election Deadline, you may change your mind as long as you do so before the original Election Deadline, which is **5/2/2024**. Unless otherwise provided in the Plan(s)' SPD, you can revoke a waiver of the right to COBRA coverage by submitting a completed COBRA Election Form in accordance with the instructions above before the original Election Deadline. However, if you change your mind after first rejecting COBRA, Jupiter Medical Center is not required to provide COBRA coverage for the period ending with the date on which your revocation is made (which means you could possibly have a gap in coverage).

Paying for COBRA Coverage

- If you choose to elect COBRA coverage, you do not have to send any premium payment(s) with the COBRA Election Form.
- If you choose to elect COBRA coverage, you must make your initial COBRA coverage premium payment within 45 days of the date of your election. Upon your election, you may receive an invoice or coupons for the cost of COBRA coverage from the date on which you lost or will lose active coverage under the Plan(s) through the end of the current month. COBRA coverage under the Plan(s) will be canceled, and reinstatement not allowed, if this first premium payment is not made within 45 days of the date of the original election of COBRA coverage. **Please refer to the "How Much Does COBRA Coverage Cost?" section of this notice for more information regarding initial and subsequent premium payments.**
- Once your election is processed, you may receive a courtesy invoice or coupons for the COBRA premium(s) due each coverage period. Subsequent premium payments will be due by the premium due date and full payment must be made by the grace period end date **even if you do not receive an invoice or coupons**. Premium payments are considered paid on the date you mail them (as evidenced by the postmark date). You must make full payment within the required time period, including a grace period, to prevent cancellation. **If you submit any premium payment after the required postmark date, or if you submit any premium payment and are otherwise ineligible for coverage, these payments will be refunded to you. Acceptance of premium payments by WageWorks, Inc. is not an indication that coverage is in force.**

††See below for individual plan termination dates

††See below for individual plan continuation start dates

†††See If I Elect Coverage, When Will My Coverage Begin and How Long Will the Coverage Last section for further information

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- Please note that your **initial and ongoing payments** will be sent to a different address than the COBRA Election Form. ***Please make checks payable to: WageWorks, Inc., PO Box 660212, Dallas, TX 75266-0212.***

Note: The payment address only accepts regular USPS mail; overnight packages are not accepted.

- Payments generally post to your account within 5 to 7 business days of mailing or submitting your payment online (if applicable).
- You may make premium payments online (transfer fees may apply) by accessing your account at mybenefits.wageworks.com.

If you have any questions or require further clarification about your premium payments, please contact WageWorks, Inc. at 855-556-5737.

Social Security Administration Important Information

Social Security Administration
SOCIAL SECURITY
SUITE 2
801 CLEMATIS STREET
WEST PALM BEACH, FL 33401-9992
Date: March 8, 2024

BAZELAIS JUNIOR PIARD
205 SEABREEZE CIR
JUPITER, FL 33477-6423

This is a receipt to show that you applied for a Social Security card on March 8, 2024. You should have your card in about 2 weeks. Any document(s) you have submitted are being returned to you with this receipt.

If you do not receive your Social Security card within 2 weeks, please contact us and have this receipt available. To protect your privacy, we will not disclose a Social Security number over the telephone.

The Social Security Administration is required by law to limit replacement Social Security cards to three per year and ten per lifetime. Do not carry your Social Security card with you. Keep it in a safe location, not in your wallet.

Need More Help?

1. Visit www.ssa.gov for fast, simple and secure online service.
2. Call us at 1-800-772-1213, weekdays from 8:00 am to 7:00 pm. If you are deaf or hard of hearing, call TTY 1-800-325-0778. Please mention this letter when you call.
3. You may also call your local office at 866-783-7339.

SOCIAL SECURITY
SUITE 2
801 CLEMATIS STREET
WEST PALM BEACH, FL 33401-9992

How are we doing? Go to www.ssa.gov/feedback to tell us.

Field Office Manager

SSNAP Printout for Replacement Social Security Number Card **Ref: 24068011851**

Number Holder Name: BAZELAIS, JUNIOR, PIARD
Name at Birth:
Other Name(s):

Name to be shown on card: BAZELAIS JUNIOR
PIARD

Sex: M

Birth Date: 06/16/1974

Place of Birth: PORT AU PRINCE, Haiti

Parent / Mother's Name at Her Birth: MARIE S CONILLE

Parent / Mother's SSN:

Parent / Father's Name: JEAN B PIARD

Parent / Father's SSN:

Has the number holder or anyone acting on his/her behalf ever filed for or received a Social Security Number Card before? Yes

Citizenship: US

Last SSN: 133701742

Birth Date on Prior Application: 06/16/1974

Name Shown on Last Card: BAZELAIS JUNIOR PIARD

Mailing Address: 205 SEABREEZE CIR
JUPITER FL 33477-6423

Telephone: 561-764-9164

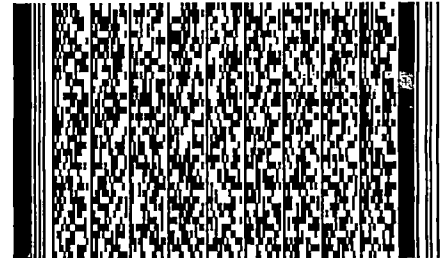
Ext:

THIS NOTICE DOES NOT GRANT ANY IMMIGRATION STATUS OR BENEFIT.



ASC Appointment Notice		CASE TYPE N565 - Application for Replacement Naturalization/Citizenship Document		NOTICE DATE 02/10/2024
APPLICATION/PETITION/REQUEST NUMBER IOE9316749930		USCIS A# A041 056 992		CODE 5
ACCOUNT NUMBER 070595209683	TCR	SERVICE CENTER NSC	PAGE 1 of 2	

BAZELAIS J PIARD
c/o NA
205 SEA BREEZE CIR
JUPITER FL 33477



PLEASE READ THIS ENTIRE NOTICE CAREFULLY. To process your application, petition, or request, U.S. Citizenship and Immigration Services (USCIS) must collect your biometrics. Please appear at the below Application Support Center (ASC) at the date and time specified.

TO REQUEST THAT USCIS RESCHEDULE YOUR APPOINTMENT, SEE THE INSTRUCTIONS AT THE BOTTOM OF THIS NOTICE. IF YOU FAIL TO APPEAR AS SCHEDULED, USCIS WILL CONSIDER YOUR BENEFIT REQUEST ABANDONED AND IT MAY BE DENIED.

APPLICATION SUPPORT CENTER
USCIS WEST PALM BEACH
1661-B South Congress Avenue
West Palm Beach FL 33406

DATE AND TIME OF APPOINTMENT

02/29/2024
03:00PM

WHEN YOU APPEAR AT THE ASC FOR BIOMETRICS SUBMISSION, YOU MUST BRING:

- THIS APPOINTMENT NOTICE.** If you received multiple ASC notices, bring **all** notices to your first appointment, and
- PHOTO IDENTIFICATION.** Your biometrics will not be collected without identification. You must bring a valid government-issued photo identification document. If the name on your identification is different than the name on your ASC notice, bring supporting documentation. If you filed an Application for Naturalization (Form N-400) or Application to Replace Permanent Resident Card (Form I-90), you must bring your Permanent Resident Card (also known as a Green Card).

Only those necessary to assist you with transportation or completion of the biometrics worksheet should accompany you to your ASC appointment. If you have open wounds, bandages, or casts when you appear for biometrics submission, USCIS may reschedule your appointment if we determine your injuries may interfere with biometrics submission. Please do not visit a USCIS office if you are sick or feel any symptoms of being sick. Follow the instructions on this notice to reschedule your appointment.

You may bring cell phones or electronic devices, but they must be turned off during biometrics collection. No one may photograph or record at an ASC.

For more information regarding your ASC appointment, visit <https://www.uscis.gov/forms/filing-guidance/preparing-for-your-biometric-services-appointment>. If you have questions regarding this notice, please call the USCIS Contact Center at 1-800-375-5283 (TTY 800-767-1833).

NOTE: If an ASC closes due to inclement weather or unforeseen circumstances, USCIS will automatically reschedule your appointment for the next available date and time. For the latest information on the status of an office, visit <https://www.uscis.gov/about-us/uscis-office-closings>. Please check this page on the day of your appointment. If USCIS reschedules your appointment for any reason, you will receive a new ASC appointment notice.

To ensure you receive all correspondence from USCIS, you must update your address if you move. For instructions, visit <https://www.uscis.gov/addresschange>.

USCIS may use your biometrics to check the criminal history records of the FBI, for identity verification, to determine eligibility, to create immigration documents (e.g., Green Card, Employment Authorization Document, etc.), or any purpose authorized by the Immigration and Nationality Act.

You may obtain a copy of your own FBI record using the procedures outlined within Title 28 C.F.R., Section 16.32. For information, please visit: <https://www.fbi.gov/how-we-can-help-you/more-fbi-services-and-information/identity-history-summary-checks>

For Privacy Act information, please visit <https://www.fbi.gov/how-we-can-help-you/more-fbi-services-and-information/compact-council/privacy-act-statement>

REQUESTS TO RESCHEDULE/SPECIAL HANDLING

If you are unable to attend your scheduled ASC appointment, you may request that USCIS reschedule your appointment. **Your request to reschedule must:** 1) be made before the date and time of the original appointment and 2) establish good cause for rescheduling. If you fail to make a request before your scheduled appointment or fail to establish good cause, USCIS may not reschedule your ASC appointment. To request a reschedule, please visit <https://my.uscis.gov/accounts/biometrics/overview>. You may also call the USCIS Contact Center at 1-800-375-5283 (TTY 800-767-1833).

If you have a serious ongoing medical condition and you cannot leave your home/hospital, you may request a mobile biometrics house and appointment by following the instructions on the back in the Notice for People with Disabilities or by visiting [uscis.gov/accommodations](https://www.uscis.gov/accommodations).

BRIVIA AND PROCEEDING STAMP
ASC SIGNATURE
BIOMETRICS QA REVIEW BY:
ON
TENPRINTS QA REVIEW BY:
ON
FEB 29 2024

If you have any questions regarding this notice, please contact the USCIS Contact Center at 1-800-375-5283.

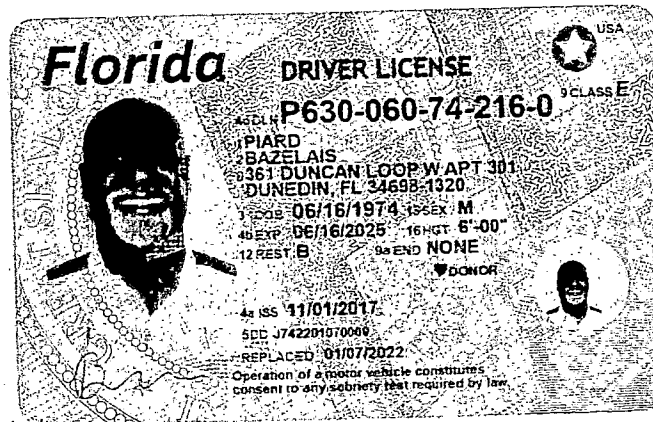
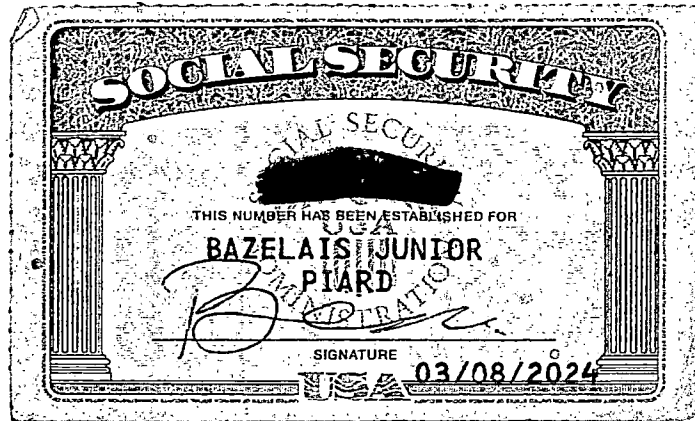
If you are visiting a field office and need directions, including public transportation directions, please see www.uscis.gov/fieldoffices for more information.

Notice for Customers with Disabilities

To request a disability accommodation:

- Go to uscis.gov/accommodations to make your request online, or
- Call the USCIS Contact Center at 1-800-375-5283 (TTY 1-800-767-1833) for help in English or Spanish.

If you need a sign language interpreter, make your request as soon as you receive your appointment notice. The more advance notice we have of your accommodation request, the better prepared we can be and less likely we will need to reschedule your appointment. For more information about accommodations, visit uscis.gov/accommodationsinfo.





CERTIFICATION OF HOMELESSNESS

Date: 6/7/2024

To Whom It May Concern,

This Letter is to inform you that Bazelais Piard is homeless, living in a place not meant for human habitation. They are working with The Lord's Place to improve their wellness and access housing resources to break the cycle of homelessness. They have been receiving services at The Lord's Place and observed by outreach since: June 2024

Please feel free to contact me should you have any questions or require additional information.

Sincerely,

Charles Hill

A handwritten signature in black ink, appearing to read "Charles Hill", with several long, sweeping strokes.



Charles Hill

Outreach &
Engagement

The Lord's Place

561.494.9465

chill@TheLordsPlace.org

www.TheLordsPlace.org

2808 N Australian Ave., West Palm Beach,
FL 33407

Mission...The Lord's Place is dedicated to breaking the cycle of homelessness by providing innovative, compassionate and effective services to men, women and children in our community.



To inquire about putting The Lord's Place into your will, please contact Anne Noble at 561.578.4928

P.O. Box 3265, West Palm Beach, FL 33402 Phone (561) 494-0125 Fax (561) 494-2922
www.thelordsplace.org

The Lord's Place is a 501(c)(3) organization and all donations are tax-deductible according to IRS Rules and Regulations. Tax ID # 59-2240502

*** REC 2024031 121955 H74D0A81 YBR3 CIPQYA5 PQA5 (F-MJU) ***

TPQY DTE:01/31/24 SSN:133-70-1742 DOC:665 UNIT:LCR PG: 001
INPUT SOCIAL SECURITY NUMBER 133-70-1742 NAME B PIARD USER CODE LCR
TPQY CONFIDENTIAL SOCIAL SECURITY DATA - CLAIM NUMBER 133-70-1742

INFORMATION

NOT IN FILE AS OF @@@@

INPUT SOCIAL SECURITY NUMBER 133-70-1742 NAME B PIARD USER CODE LCR
TPQY CONFIDENTIAL SUPPLEMENTAL SECURITY INCOME DATA ON 133-70-1742

BAZELAIS PIARD JR MALE BORN:06/16/74 ELIGIBLE:02/1996

APPLICATION DATE: 02/15/1996 TYPE OF PERSON: DISABLED INDIVIDUAL

CITIZEN/ALIEN CODE: K RESIDENCY DATE: 01/1987

MAILING ADDRESS:

BAZELAIS PIARD

JR

206 SE 26 TER

GAINESVILLE FL 32641 7569

PAYMENT STATUS CODE: T51 - PYMTS NEVER MADE - TERMINATED EFFECTIVE 05/1997

Social Security Administration
Lakeshore Business Center
3201 W. Commercial Blvd
Ste 100
Ft. Lauderdale, FL 33309-9811

[Signature] 01/31/2024
HR had a
copy

*** REC 2023142 154310 H6FB6181 62BE CIPQYAA PQAA (F-62B) ***

SEQY DTE:05/22/23 AN:133-70-1742 DOC:661 UNIT:JAT PG: 001
 MEF: QN: 133-70-1742 NA: B J PIARD DB: 06/1974 SX: M AK:

SUMMARY FICA EARNINGS FOR YEARS REQUESTED

YEAR	EARNINGS	YEAR	EARNINGS	YEAR	EARNINGS	YEAR	EARNINGS
1994	1401.40	2002	21711.44	2009	12460.00	2016	.00
1995	2659.40	2003	21067.89	2010	13537.00	2017	.00
1996	2271.27	2004	16998.49	2011	32081.18	2018	15406.97
1997	7184.29	2005	6698.00	2012	35014.84	2019	.00
1998	2128.07	2006	.00	2013	32141.45	2020	35434.46
1999	17445.24	2007	4249.00	2014	18005.78	2021	59416.15
2000	18279.53	2008	8873.00	2015	.00	2022	48152.95
2001	27312.43						

SUMMARY MQGE EARNINGS FOR YEARS REQUESTED

NO MQGE EARNINGS FOR YEARS REQUESTED

REMARKS

CLAIMS ACTIVITY -- SEE SSR

NON-COVERED EARNINGS PRESENT FOR: 2000,2002,2018,2020-2022

W.P.B., FL 661

MAY 22 2023

SSA OFFICE

HR had a
copy

SSA
330
066
2025

SEQ: DTE: 01/26/24 CAN: 133-70-1742 DOC: 661 UNIT: KAB PG: 001
MEF: QN: 133-70-1742 NA: B J PIARD DB: 06/1974 SX: M AK:

SUMMARY FICA EARNINGS FOR YEARS REQUESTED

YEAR	EARNINGS	YEAR	EARNINGS	YEAR	EARNINGS	YEAR	EARNINGS
1994	1401.40	2002	21711.44	2010	13537.00	2017	.00
1995	2659.40	2003	21067.89	2011	32081.18	2018	15406.97
1996	2271.27	2004	16998.49	2012	35014.84	2019	.00
1997	7184.29	2005	6698.00	2013	32141.45	2020	35434.46
1998	2128.07	2006	.00	2014	18005.78	2021	59416.15
1999	17445.24	2007	4249.00	2015	.00	2022	48152.95
2000	18279.53	2008	8873.00	2016	.00	2023	42136.49
2001	27312.43	2009	12460.00				

SUMMARY MQGE EARNINGS FOR YEARS REQUESTED

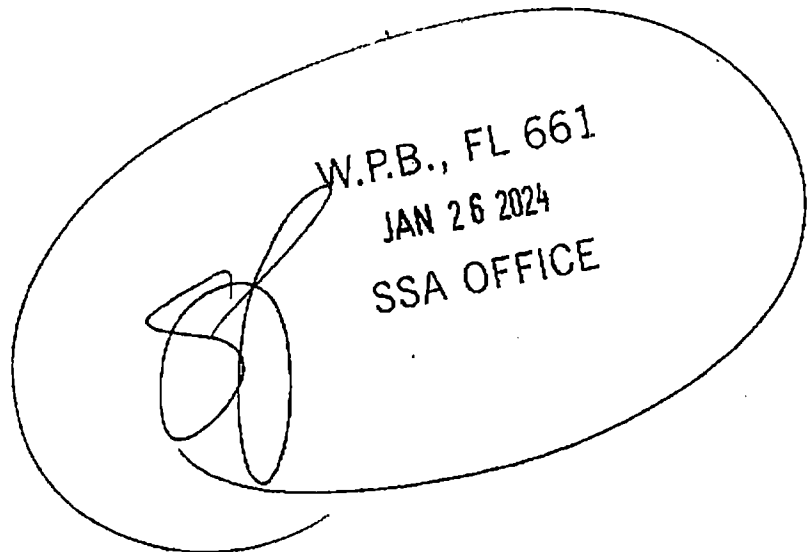
NO MQGE EARNINGS FOR YEARS REQUESTED

REMARKS

CLAIMS ACTIVITY -- SEE SSR

NON-COVERED EARNINGS PRESENT FOR: 2000,2002,2018,2020-2022

Heal.



Bazelais Piard

5600 N. Flagler Dr. 1703

West Palm Beach, FL. 33407

March 10, 2025

RE: Termination of Representative

Dear Mr. Zane;

I am writing to officially notify you that I am terminating your service immediately. This is because of lack of communication, lack of integrity and lack of professionalism. You were making decisions without my consent in order to give Jupiter Medical Center some leverage. Also, your staff as a whole were very condescending when speaking on the phone. It felt like I was experiencing discrimination over again. I sent several emails in order to get updates on my case, never got a phone call days later I received an email from you stated that Samantha will contact me. I was never notified Samantha was taking over the case that was very unprofessional on your part and this is not how you represent clients.

You do not have permissions to send any demands on my behalf and I am advising EEOC that you no longer represent me for this Discrimination case. Please do not take any further actions on my behalf.

I was expecting reasonable communication and sound legal advice and do not believe I have either. I request that you send a copy of my case file immediately to the address below so that I may share this with my newly obtained legal counsel.

Bazelais Piard

5600 N. Flagler Dr. 1703

West Palm Beach, FL. 33407

Sincerely;

Bazelais Piard